[redacted]

3/20/25

To Whom It May Concern,

Please find enclosed my **Federal Individual Tax Return** for the tax year **2024**. Included herein are the following documents:

- (1) **Form 1040** - Individual Tax Return
- (1) **Form 4852** - serving as a formal rebuttal and correction of erroneous information contained in documents submitted to the Internal Revenue Service by the entity identified as the "Payer" in **Line 5** of Form 4852.
- (1) **Corrected Schedule K1** - Serving as a formal rebuttal and correction of erroneous information contained in documents submitted to the Internal Revenue Service by the entity listed in **Part 1** of the K1.

These entities have incorrectly reported that I received taxable remuneration in the course of or connected to a "Trade or Business", federal employment, investment, or other federally taxable activity under applicable tax laws.

At no time during the tax year 2024 tax year did I, Benjamin Pezzano, engage in an occupation meeting the statutory definition of an "Employee" under **26 U.S.C. § 3401(c)**. Any payments received were strictly private transactions and do not constitute taxable income as defined by relevant provisions of the Internal Revenue Code, including but not limited to **26 U.S.C. §§ 3401(a) and 3121(a)**.

Accordingly, I formally request a full refund of all **federal taxes withheld** for the tax year 2024, totaling **$6,227.56 (Federal Withholding + FICA Surtaxes).**

I hereby declare under penalty of perjury that the statements contained in this correspondence, as well as all enclosed documentation, are true, correct, and complete to the best of my knowledge and belief.

Sincerely,
Benjamin Pezzano

3-20-25

Form 1040 — U.S. Individual Income Tax Return

Department of the Treasury—Internal Revenue Service | 2024 | OMB No. 1545-0074 | IRS Use Only—Do not write or staple in this space.

For the year Jan. 1–Dec. 31, 2024, or other tax year beginning _____, 2024, ending _____, 20 _____ — See separate instructions.

Your first name and middle initial	Last name	Your social security number
Benjamin M	Pezzano	[redacted]
If joint return, spouse's first name and middle initial	Last name	Spouse's social security number
	Pezzano	

Home address (number and street). If you have a P.O. box, see instructions. [redacted] — Apt. no.

City, town, or post office. If you have a foreign address, also complete spaces below. [redacted] — State [redacted] — ZIP code [redacted]

Foreign country name — Foreign province/state/county — Foreign postal code

Presidential Election Campaign
Check here if you, or your spouse if filing jointly, want $3 to go to this fund. Checking a box below will not change your tax or refund. ☐ You ☐ Spouse

Filing Status (Check only one box.)
- ☑ Single
- ☐ Married filing jointly (even if only one had income)
- ☐ Married filing separately (MFS)
- ☐ Head of household (HOH)
- ☐ Qualifying surviving spouse (QSS)

If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QSS box, enter the child's name if the qualifying person is a child but not your dependent: _____

☐ If treating a nonresident alien or dual-status alien spouse as a U.S. resident for the entire tax year, check the box and enter their name (see instructions and attach statement if required): _____

Digital Assets At any time during 2024, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.) ☐ Yes ☐ No

Standard Deduction Someone can claim: ☐ You as a dependent ☐ Your spouse as a dependent
☐ Spouse itemizes on a separate return or you were a dual-status alien

Age/Blindness You: ☐ Were born before January 2, 1960 ☐ Are blind Spouse: ☐ Was born before January 2, 1960 ☐ Is blind

Dependents (see instructions): If more than four dependents, see instructions and check here . . ☐

(1) First name Last name	(2) Social security number	(3) Relationship to you	(4) Check the box if qualifies for (see instructions): Child tax credit	Credit for other dependents
			☐	☐
			☐	☐
			☐	☐
			☐	☐

Income

Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld.

If you did not get a Form W-2, see instructions.

1a	Total amount from Form(s) W-2, box 1 (see instructions)	1a	0
b	Household employee wages not reported on Form(s) W-2	1b	0
c	Tip income not reported on line 1a (see instructions)	1c	0
d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)	1d	0
e	Taxable dependent care benefits from Form 2441, line 26	1e	0
f	Employer-provided adoption benefits from Form 8839, line 29	1f	0
g	Wages from Form 8919, line 6	1g	0
h	Other earned income (see instructions)	1h	0
i	Nontaxable combat pay election (see instructions) 1i		
z	Add lines 1a through 1h	1z	0
2a	Tax-exempt interest 2a	b Taxable interest	2b 0
3a	Qualified dividends 3a	b Ordinary dividends	3b 0
4a	IRA distributions 4a	b Taxable amount	4b 0
5a	Pensions and annuities 5a	b Taxable amount	5b 0
6a	Social security benefits 6a	b Taxable amount	6b 0
c	If you elect to use the lump-sum election method, check here (see instructions) ☐		
7	Capital gain or (loss). Attach Schedule D if required. If not required, check here ☐	7	0
8	Additional income from Schedule 1, line 10	8	0
9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your **total income**	9	0
10	Adjustments to income from Schedule 1, line 26	10	0
11	Subtract line 10 from line 9. This is your **adjusted gross income**	11	0
12	**Standard deduction or itemized deductions** (from Schedule A)	12	14,600
13	Qualified business income deduction from Form 8995 or Form 8995-A	13	0
14	Add lines 12 and 13	14	14,600
15	Subtract line 14 from line 11. If zero or less, enter -0-. This is your **taxable income**	15	0

Attach Sch. B if required.

Standard Deduction for—
- Single or Married filing separately, $14,600
- Married filing jointly or Qualifying surviving spouse, $29,200
- Head of household, $21,900
- If you checked any box under *Standard Deduction*, see instructions.

Tax and Credits	16	Tax (see instructions). Check if any from Form(s): 1 ☐ 8814 2 ☐ 4972 3 ☐	16	0
	17	Amount from Schedule 2, line 3	17	0
	18	Add lines 16 and 17	18	0
	19	Child tax credit or credit for other dependents from Schedule 8812	19	0
	20	Amount from Schedule 3, line 8	20	0
	21	Add lines 19 and 20	21	0
	22	Subtract line 21 from line 18. If zero or less, enter -0-	22	0
	23	Other taxes, including self-employment tax, from Schedule 2, line 21	23	0
	24	Add lines 22 and 23. This is your total tax	24	0
Payments	25	Federal income tax withheld from:		
	a	Form(s) W-2 — 25a: 6,227.56		
	b	Form(s) 1099 — 25b:		
	c	Other forms (see instructions) — 25c:		
	d	Add lines 25a through 25c	25d	6,227.56
If you have a qualifying child, attach Sch. EIC.	26	2024 estimated tax payments and amount applied from 2023 return	26	
	27	Earned income credit (EIC) — 27:		
	28	Additional child tax credit from Schedule 8812 — 28:		
	29	American opportunity credit from Form 8863, line 8 — 29:		
	30	Reserved for future use — 30:		
	31	Amount from Schedule 3, line 15 — 31:		
	32	Add lines 27, 28, 29, and 31. These are your total other payments and refundable credits	32	
	33	Add lines 25d, 26, and 32. These are your total payments	33	6,227.56
Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	6,227.56
	35a	Amount of line 34 you want refunded to you. If Form 8888 is attached, check here ☐	35a	6,227.56
Direct deposit? See instructions.	b	Routing number [redacted] c Type: ☑ Checking ☐ Savings		
	d	Account number [redacted]		
	36	Amount of line 34 you want applied to your 2025 estimated tax — 36:		
Amount You Owe	37	Subtract line 33 from line 24. This is the amount you owe. For details on how to pay, go to *www.irs.gov/Payments* or see instructions	37	0
	38	Estimated tax penalty (see instructions) — 38:		

Third Party Designee — Do you want to allow another person to discuss this return with the IRS? See instructions ☐ Yes. Complete below. ☐ No

Designee's name | Phone no. | Personal identification number (PIN)

Sign Here — Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Joint return? See instructions. Keep a copy for your records.

Your signature	Date	Your occupation	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
	3-20-26		
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)
Phone no.	Email address		

Paid Preparer Use Only

Preparer's name	Preparer's signature	Date	PTIN	Check if: ☐ Self-employed
Firm's name				Phone no.
Firm's address				Firm's EIN

Form **4852** (Rev. September 2020)

Department of the Treasury
Internal Revenue Service

Substitute for Form W-2, Wage and Tax Statement, or Form 1099-R, Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.

▶ Attach to Form 1040, 1040-SR, or 1040-X.

▶ Go to *www.irs.gov/Form4852* for the latest information.

OMB No. 1545-0074

Attachment Sequence No. 04

You must take the following steps before filing Form 4852

- Attempt to get your Form W-2, Form W-2c, or Form 1099-R (original or corrected) from your employer or payer before contacting the IRS or filing Form 4852.
- If you don't receive the missing or corrected form from your employer or payer by the end of February, you may call the IRS at 800-829-1040 for assistance. You must provide your name, address (including ZIP code), phone number, social security number, and dates of employment. You must also provide your employer's or payer's name, address (including ZIP code), and phone number. The IRS will contact your employer or payer and request the missing form. The IRS will also send you a Form 4852. If you don't receive the missing form in sufficient time to file your income tax return timely, you may use the Form 4852 that the IRS sent you to file with your return.

1 Name(s) shown on return
Benjamin Pezzano

2 Your social security number
[redacted]

3 Address
[redacted]

4 **Enter year in space provided and check one box.** For the tax year ending December 31, 2024 ,
I have been unable to obtain (or have received an incorrect) ☑ Form W-2 **OR** ☐ Form 1099-R.
I have notified the IRS of this fact. The amounts shown on line 7 or line 8 are my best estimates for all wages or payments made to me and tax withheld by my employer or payer named on line 5.

5 Employer's or payer's name, address, and ZIP code
Trinet HR XI, INC.
Suite 600, 1 Park Place, Dublin, CA 94568-7984

6 Employer's or payer's TIN (if known)
30-0889828

7 **Form W-2.** Enter wages, tips, other compensation, and taxes withheld.

a Wages, tips, and other compensation	0	f State income tax withheld	3417.49
b Social security wages	0	(Name of state) Oregon	
c Medicare wages and tips	0	g Local income tax withheld	
d Social security tips		(Name of locality)	
e Federal income tax withheld	742.42	h Social security tax withheld	4445.47
		i Medicare tax withheld	1039.67

8 **Form 1099-R.** Enter distributions from pensions, annuities, retirement or profit-sharing plans, IRAs, insurance contracts, etc.

a Gross distribution		f Federal income tax withheld	
b Taxable amount		g State income tax withheld	
c Taxable amount not determined	☐	(Name of state)	
d Total distribution	☐	h Local income tax withheld	
e Capital gain (included on line 8b)		(Name of locality)	
		i *Employee contributions*	
		j Distribution codes	

9 How did you determine the amounts on lines 7 and 8 above?
Lines 7(a)(b)(c) are corrected as I did not receive any "wages" as defined in 26 USC sections 3401(a) and 3121(a). I was not involved in any Federally privileged activities. Lines 7(h)(i) are corrected and shall be credited as per 26 USC section 3503

10 Explain your efforts to obtain Form W-2, Form 1099-R (original or corrected), or Form W-2c, Corrected Wage and Tax Statement.
none

General Instructions

Section references are to the Internal Revenue Code.

Future developments. For the latest information about developments related to Form 4852, such as legislation enacted after it was published, go to *www.irs.gov/Form4852*.

Purpose of form. Form 4852 serves as a substitute for Forms W-2, W-2c, and 1099-R (original or corrected) and is completed by you or your representatives when **(a)** your employer or payer doesn't issue you a Form W-2 or Form 1099-R, or **(b)** an employer or payer has issued an incorrect Form W-2 or Form 1099-R. Attach this form to the back of your income tax return before any supporting forms or schedules.

You should always attempt to get your Form W-2, Form W-2c, or Form 1099-R (original or corrected) from your employer or payer before contacting the IRS or filing Form 4852. If you don't receive the missing or corrected form from your employer or payer by the end of February, you may call the IRS at 800-829-1040 for assistance. You must provide your name, address (including ZIP code), phone number, social security number, and dates of employment. You must also provide your employer's or payer's name, address (including ZIP code), and phone number. The IRS will contact your employer or payer and request the missing form. The IRS will also send you a Form 4852. If you don't receive the missing form in sufficient time to file your income tax return timely, you may use the Form 4852 that the IRS sent you.

651123

Schedule K-1 (Form 1065) — 2024

Department of the Treasury
Internal Revenue Service

For calendar year 2024, or tax year beginning / / 2024 ending / /

☐ Final K-1 ☐ Amended K-1 — OMB No. 1545-0123

Partner's Share of Income, Deductions, Credits, etc. See separate instructions.

Part I Information About the Partnership

A Partnership's employer identification number: 46-0945392

B Partnership's name, address, city, state, and ZIP code:
SOL SEED MUSIC, LLC
[redacted]

C IRS center where partnership filed return: OGDEN, UT

D ☐ Check if this is a publicly traded partnership (PTP)

Part II Information About the Partner

E Partner's SSN or TIN (Do not use TIN of a disregarded entity. See instructions.) [redacted]

F Name, address, city, state, and ZIP code for partner entered in E. See instructions.
BENJAMIN PEZZANO
[redacted]

G ☐ General partner or LLC member-manager ☒ Limited partner or other LLC member

H1 ☐ Domestic partner ☐ Foreign partner

H2 ☐ If the partner is a disregarded entity (DE), enter the partner's: TIN _____ Name _____

I1 What type of entity is this partner? _____

I2 If this partner is a retirement plan (IRA/SEP/Keogh/etc.), check here ☐

J Partner's share of profit, loss, and capital (see instructions):

	Beginning	Ending
Profit	20 %	20 %
Loss	20 %	20 %
Capital	20 %	20 %

Check if decrease is due to: ☐ Sale or ☐ Exchange of partnership interest. See instructions.

K1 Partner's share of liabilities:

	Beginning	Ending
Nonrecourse	$	$
Qualified nonrecourse financing	$	$
Recourse	$	$

K2 Check this box if item K1 includes liability amounts from lower-tier partnerships ☐

K3 Check if any of the above liability is subject to guarantee or other payment obligations by the partner. See instructions ☐

L Partner's Capital Account Analysis

Beginning capital account	$
Capital contributed during the year	$
Current year net income (loss)	$
Other increase (decrease) (attach explanation)	$
Withdrawals and distributions	$ ( )
Ending capital account	$

M Did the partner contribute property with a built-in gain (loss)? ☐ Yes ☐ No If "Yes," attach statement. See instructions.

N Partner's Share of Net Unrecognized Section 704(c) Gain or (Loss)

Beginning	$
Ending	$

Part III Partner's Share of Current Year Income, Deductions, Credits, and Other Items

1	Ordinary business income (loss)	14	Self-employment earnings (loss)
2	Net rental real estate income (loss)		
3	Other net rental income (loss)	15	Credits
4a	Guaranteed payments for services		
4b	Guaranteed payments for capital	16	Schedule K-3 is attached if checked ☐
4c	Total guaranteed payments	17	Alternative minimum tax (AMT) items
5	Interest income		
6a	Ordinary dividends		
6b	Qualified dividends	18	Tax-exempt income and nondeductible expenses
6c	Dividend equivalents		
7	Royalties		
8	Net short-term capital gain (loss)	19	Distributions
9a	Net long-term capital gain (loss)		
9b	Collectibles (28%) gain (loss)	20	Other information
9c	Unrecaptured section 1250 gain		
10	Net section 1231 gain (loss)		
11	Other income (loss)		
12	Section 179 deduction	21	Foreign taxes paid or accrued
13	Other deductions		

22 ☐ More than one activity for at-risk purposes*

23 ☐ More than one activity for passive activity purposes*

*See attached statement for additional information.

For IRS Use Only

For Paperwork Reduction Act Notice, see the Instructions for Form 1065. www.irs.gov/Form1065 Cat. No. 11394R Schedule K-1 (Form 1065) 2024

This statement is submitted to rebut a document 1099-MISC known to have been submitted by the Party identified below as "Payer' which erroneously alleges a payment to the party identified as "Recipient" of "gains, profit or income" made in the course of conducting a "trade or business". No payments were received by the "Recipient" from the "Payer" which were connected with the performance of the functions of public office, or otherwise constitute gains, profits, or income within the meaning of relevant law.

Under penalty of perjury, I declare that I have examined this statement and to the best of my knowledge and believe it is true complete and correct

3-20-26